

Timothy C. White
Recreation Director

Ben Carter
Superintendent



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2015 Camden County Parks and Recreation Basketball Registration

Participants Name: (PRINT) _____

Parent/Guardians Name: (PRINT) _____

Address: _____ County: _____

Phone Numbers: (home) _____ (work) _____ (cell) _____

(Age Determined as of December, 31 2014) Age: _____ Date of Birth: _____ Sex _____

(Circle One)

T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) AS AM AL XL XXL 3X 4X

Age Group Circle One: 5-6 Year Old Coed 7-9 Year Old Girls 7-9 Year Old Boys

10-12 Year Old Boys 10-13 Year Old Girls 13-16 Year Old Boys

Registration Fee: \$35.00 or \$70.00 max per family (Mandatory out of county fee \$20.00)

I hereby release, discharge, and hold harmless Camden County, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Camden County sponsored events, including any physical injury caused by the negligence of any staff, official, referee or coach while performing his/her duties during any practices, games or activities.

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or Camden County Staff acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or care at any hospital.

Signature of Parent/Guardian

Are you interested in coaching? Yes / No

Name: (PRINT) _____ Age _____

Phone Numbers: (h) _____ (w) _____ (cell) _____

Office Use: Amount Paid: _____

Receipt # _____